

**LONG TERM CARE AND HEALTH NEEDS OF
AMERICA'S NATIVE AMERICAN ELDERS**

PART I

Testimony submitted to the Senate Committee on Indian Affairs

by

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July 10, 2002

TESTIMONY

Mr. Chairman, and Honored Members of the Committee, I am honored for the opportunity to speak on behalf of my elders. My name is Leander McDonald, my mother is an Arikara from the Three Affiliated Tribes, and my father is a Dakota from the Spirit Lake Nation, both reservations are located in North Dakota. I am a research analyst at the National Resource Center on Native American Aging (NRCNAA). The Resource Center is located in the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Established in 1993 with funding from the Administration on Aging, the Resource Center has a mission of providing research, training, and technical assistance to the nation's Native American Elders.

Today we will be presenting new findings about prevalence of chronic disease, their effect on functional limitations, and differences in life expectancy for Native American populations from a nationwide elder's needs assessment project called Conducting Local Assessments: Locating the Needs of Elders. The project entails conducting a survey on reservations that voluntarily participate in this project, and allows for comparison of elders on reservations with their national counterparts. The results from the research not only provide us with new information about Native elders, but also gives each tribe data they can use to help guide them in developing long-term care infrastructure for their communities. The data has been used by a number of tribal communities in their planning efforts, program development, and grant application primarily directed at addressing the need for long-term care services within their communities. To date, we have 83 tribes with 8,560 respondents. Two additional tribes are being processed this week, and will be added to the aggregate file upon completion.

KEY FINDINGS

Life expectancy and Health Status

With that background on the study, let me share with you a picture of elder health and long-term care needs based on our results. Life expectancies for Native Americans and Alaskan Natives are low relative to the general population. In addition to important differences between Natives and the

general population, it is also very important to note that there is substantial variation across Native American and Alaskan Native tribes in life expectancy across the Indian Health Service areas. Average life expectancy ranges from a low of 64.3 years of age in the Aberdeen Area to a high of 76.3 years in the California Area, a difference of 12 years (Table 1). Life expectancy for the general population is 76.9 years (NCHS, 2000).

Table 1

Life Expectancy at Birth, ages 55, 65 and 75 by IHS Area

IHS Area	At Birth	At Age 55	At Age 65	At Age 75
Aberdeen	64.3	18.9	13.2	8.5
Bemidji	65.7	18.7	12.7	10.1
Billings	67.0	20.2	13.9	8.9
Alaska	68.0	21.3	14.7	9.2
Tucson	68.4	22.2	15.8	10.0
Phoenix	69.8	22.6	16.1	10.6
Portland	71.7	23.1	16.0	10.1
Navajo	71.9	24.9	17.7	11.7
Nashville	72.2	22.8	16.3	10.5
Albuquerque	72.7	25.4	19.6	12.2
Oklahoma	74.2	25.7	18.2	13.1
California	76.3	26.9	19.4	13.3
All Indians	71.1	23.5	16.7	11.2

Earlier this year, I attended the high school graduation at the Spirit Lake Reservation, and watched as grandparents congratulated their grandchildren in accomplishing a major goal. When I graduated from high school in 1981, I had one grandmother still living at age 77, she died two years later. My other grandmother died during childbirth at age 37, with my two grandfathers

dying both from heart attacks, one at age 62 and the other at age 64. So, while the number of Native elders living to be old is increasing, old age is still rare on the reservation.

Chronic Disease

While quantity of life is an important indicator of health for the general population health, the health status of the aged is also an important focus. As populations including Native Americans age, there is a likelihood of developing chronic illness like arthritis or heart disease, which can impact both life span and quality of life. For example, the Native elders are 19.5% more likely than the general population to experience arthritis (Figure 1). Similarly, Native American elders were 48.7% more likely to experience congestive heart failure, 17.7% more likely to report high blood pressure, 17.5% more likely to have experienced a stroke, 44.3% more likely to report asthma, and 173% more likely to be afflicted with diabetes. Only cataracts were reportedly higher in the general population. So, the Native elder is sicker from chronic disease, but is at least able to see a little better than their U.S. general counterparts.

Figure 1. Arthritis

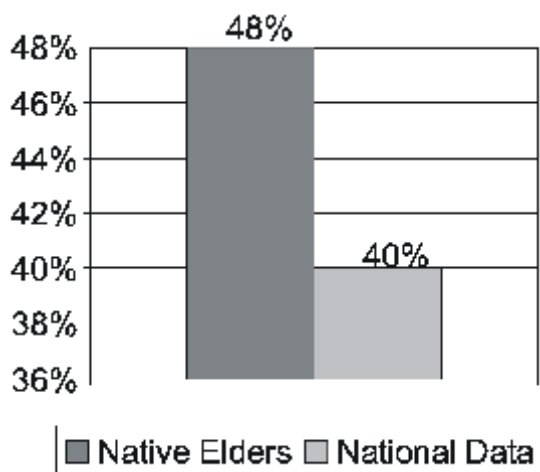


Figure 2. Congestive Heart Failure

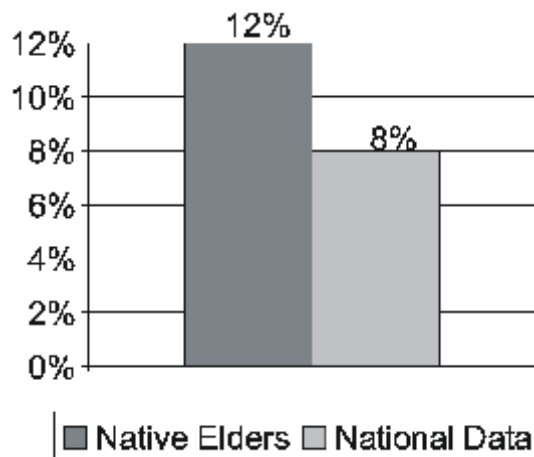


Figure 3. High Blood Pressure

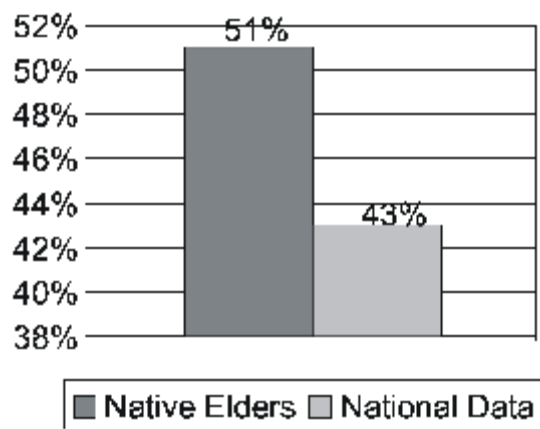


Figure 4. Stroke

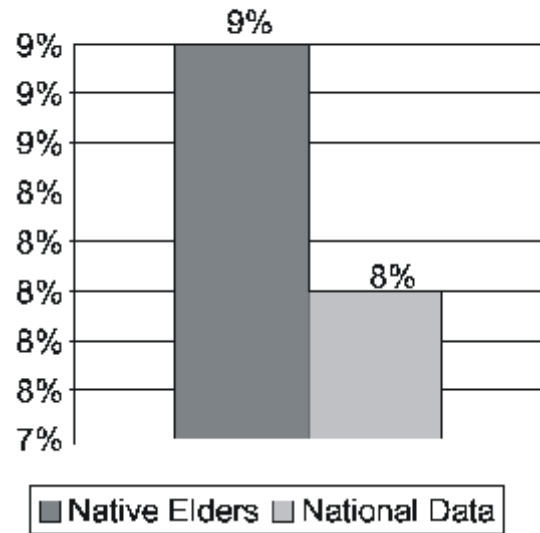


Figure 5. Asthma

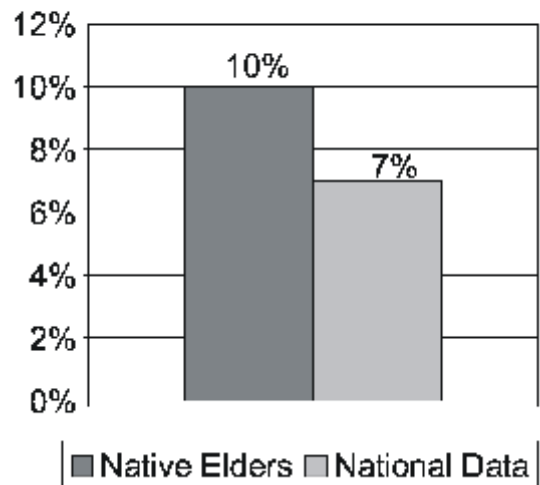
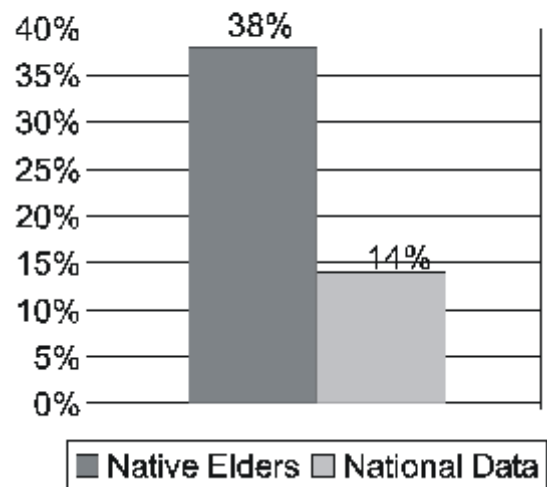


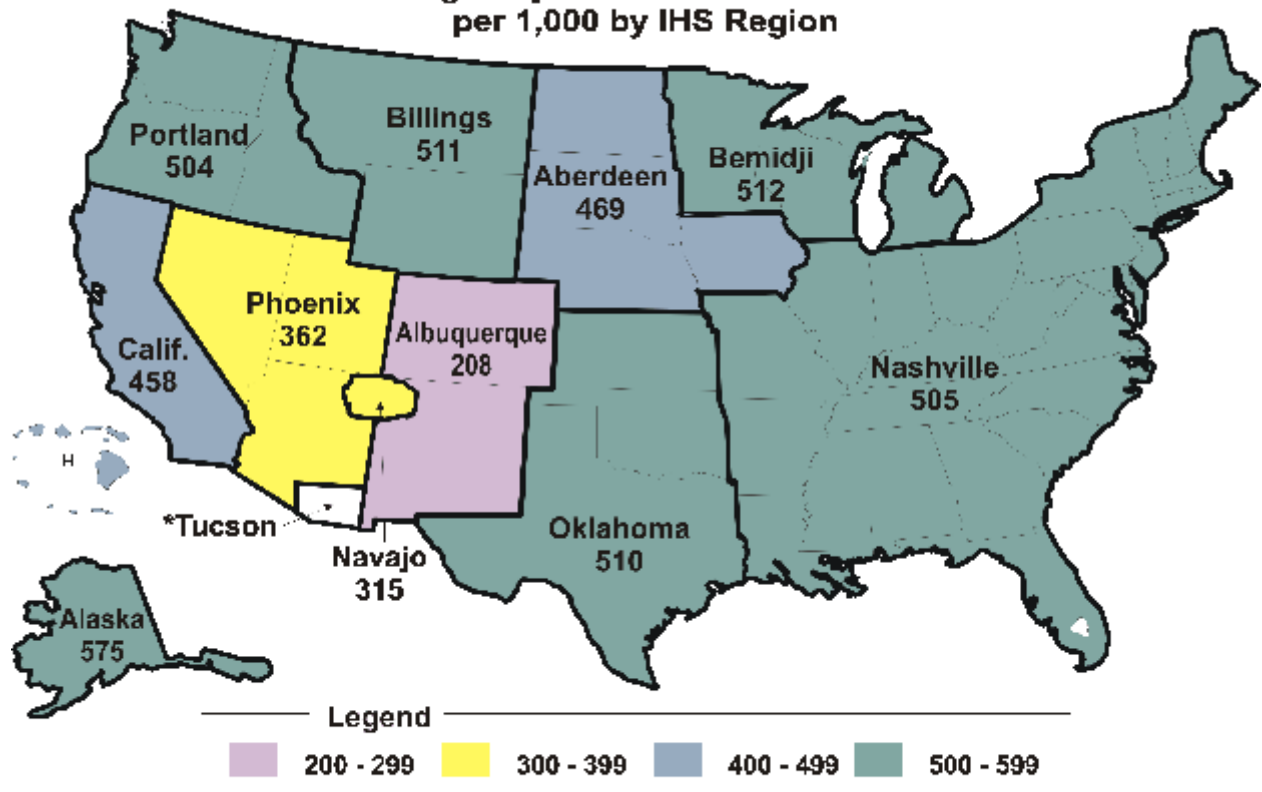
Figure 6. Diabetes



Our data, as seen in Figures 1 through 6, suggest that chronic disease rates are higher among Native American elders in spite of their shorter life expectancy. These findings suggest that the disparate health conditions of the Native elder are the result of other factors such as life style, socio-economic status, and access to timely and adequate care. Furthermore these findings, and the prevalence of chronic disease, like life expectancy, varies across Native American and Alaskan Native tribes.

When the chronic disease rates of Native American and Alaskan Native elders in the Midwest or Alaska are compared with their Native counterparts, they are average or below (Figures 7-12). Lower rates of chronic disease appear to be the result of lower life expectancy rather than being indicative of better health status. Chronically ill elders in these regions have shorter life spans, resulting in regional chronic disease rates that are lower. In a sense, only the strong and healthy survive to be elders, which in turn affects the chronic disease rates in the Midwest and Alaskan regions.

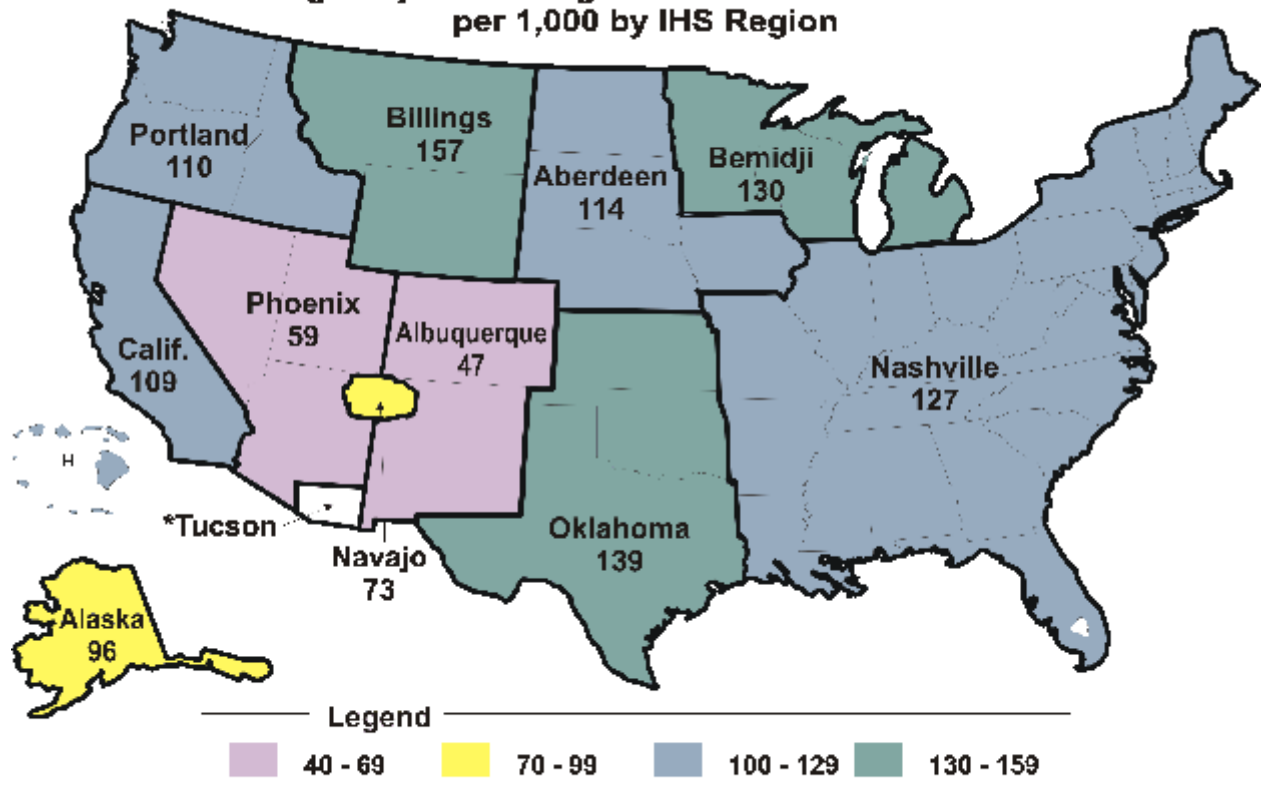
**Figure 7. Native Elders 55 and Over
Age Adjusted Arthritis Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.

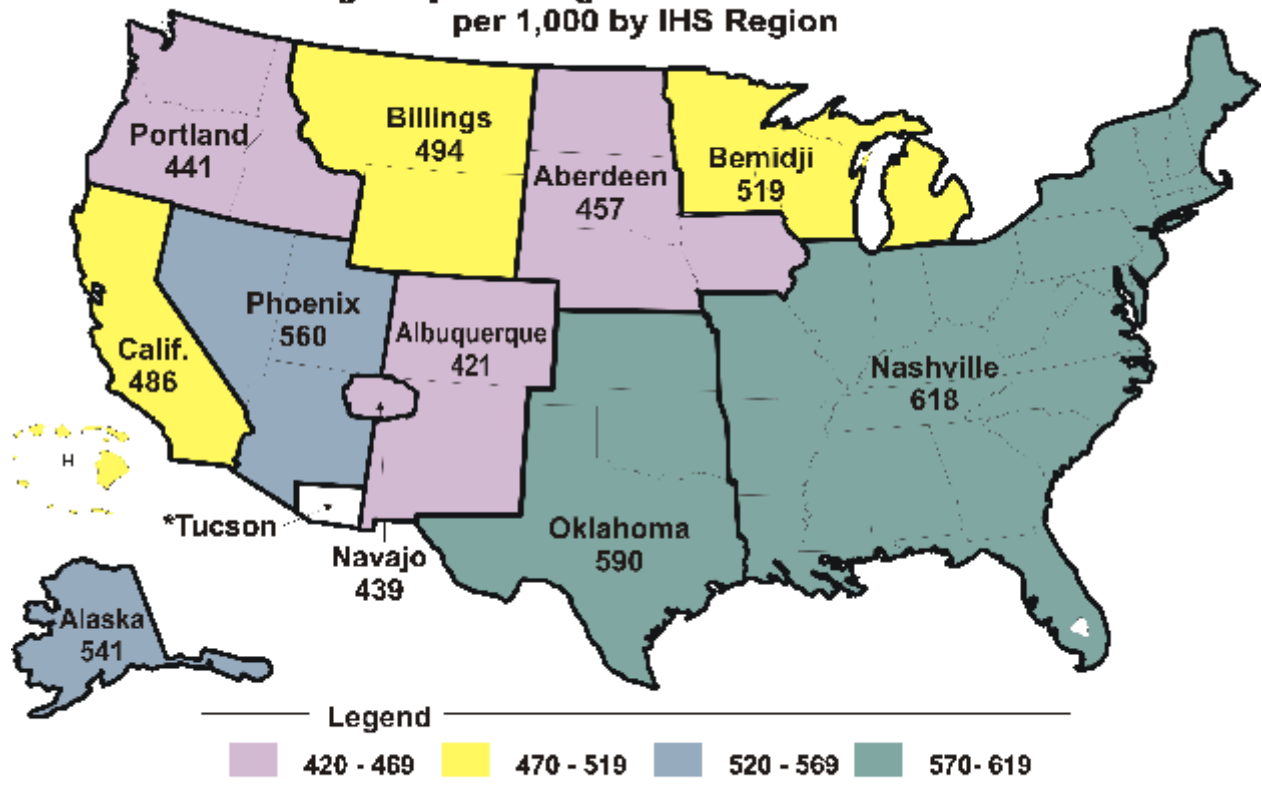
**Figure 8. Native Elders 55 and Over
Age Adjusted Congestive Heart Failure Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.

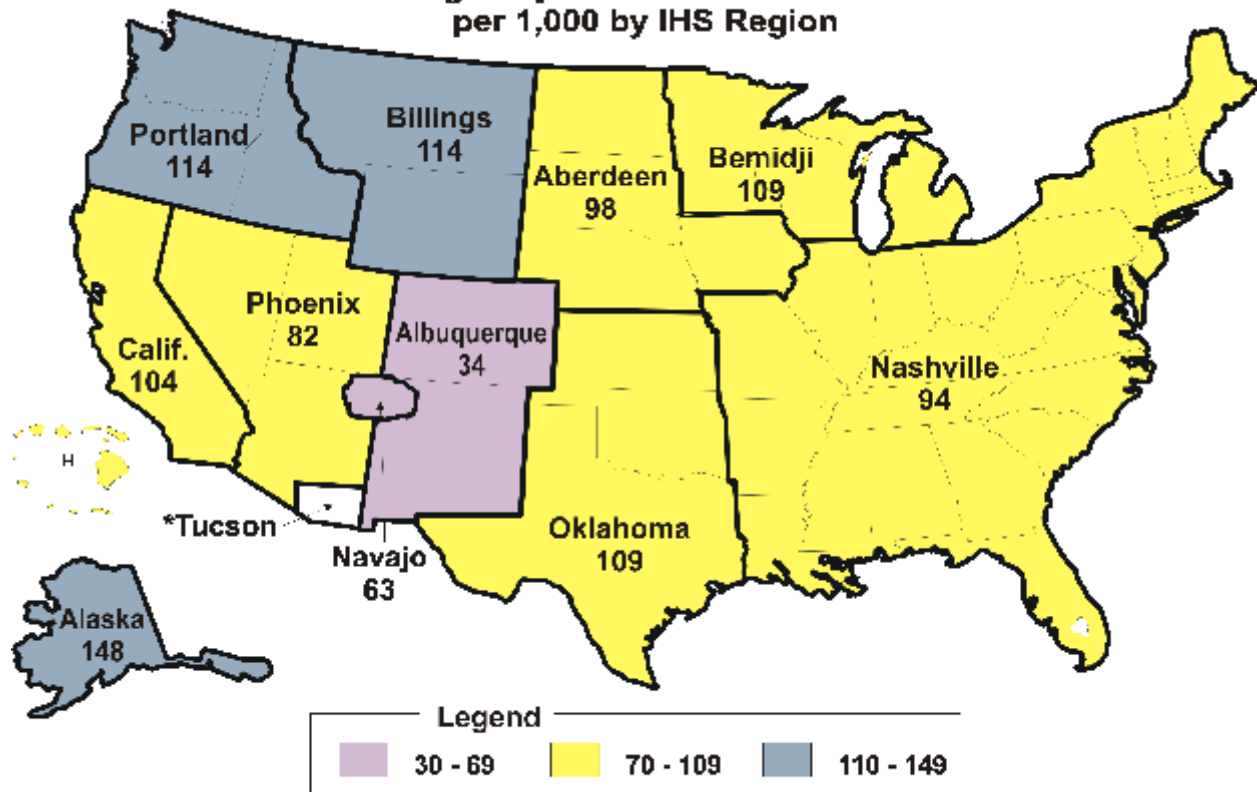
**Figure 9. Native Elders 55 and Over
Age Adjusted High Blood Pressure Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.

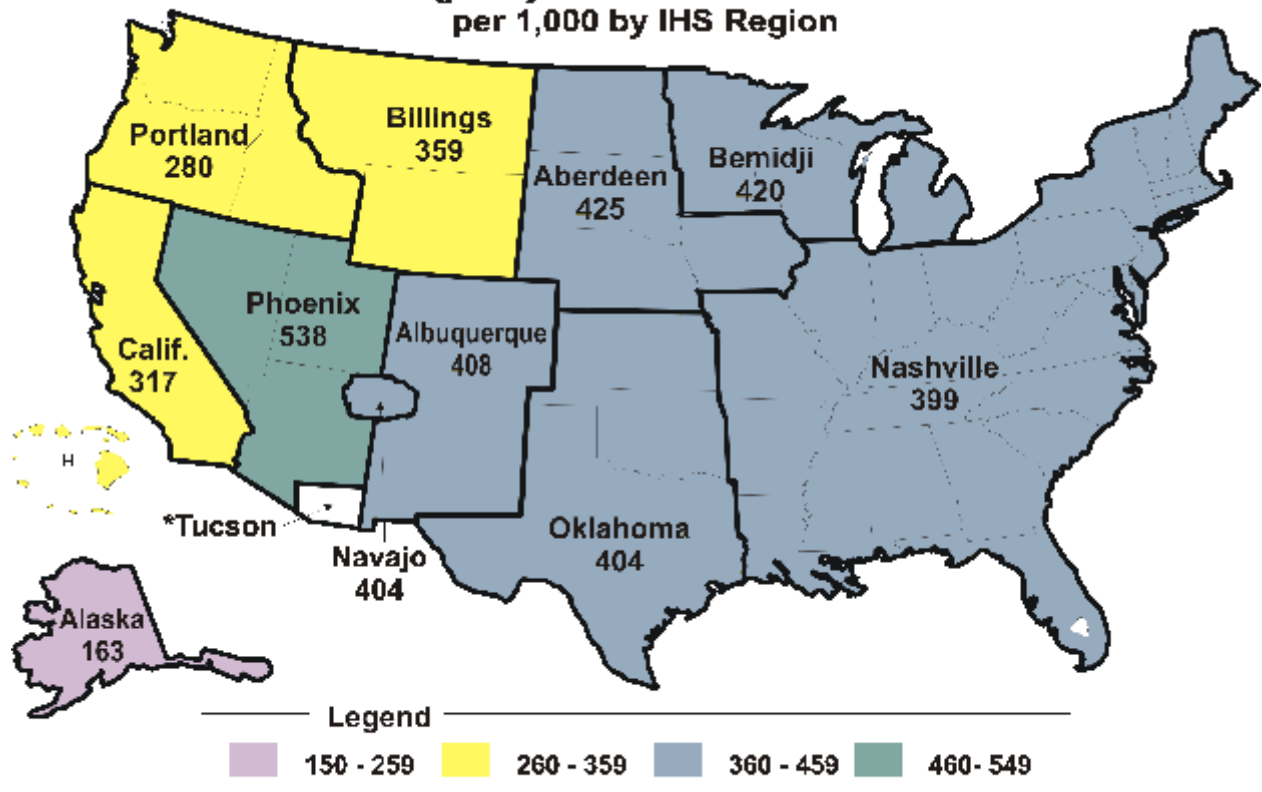
**Figure 10. Native Elders 55 and Over
Age Adjusted Asthma Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.

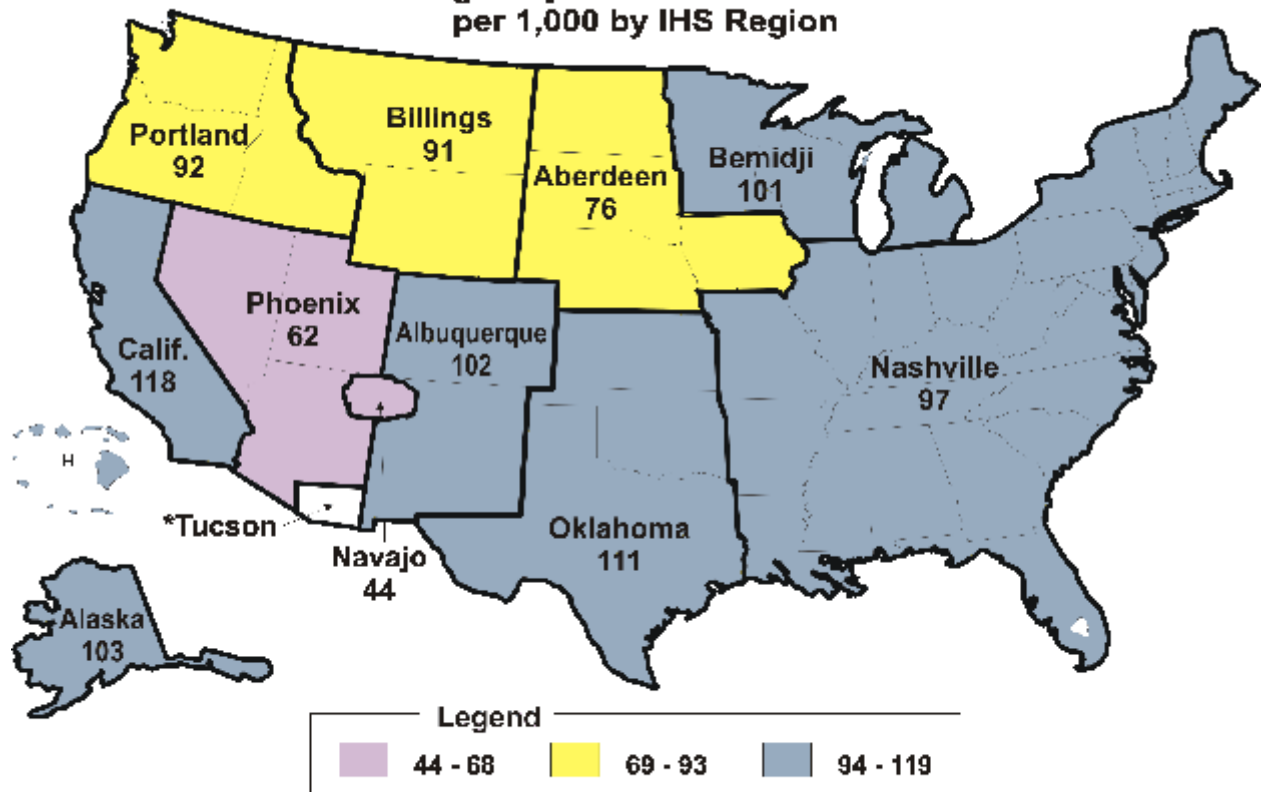
**Figure 11. Native Elders 55 and Over
Age Adjusted Diabetes Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.

**Figure 12. Native Elders 55 and Over
Age Adjusted Stroke Rates
per 1,000 by IHS Region**



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.